

ifw 36250  
PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

-22-

Application Number

09/483,388

Filing Date

January 13, 2000

First Named Inventor

Xia, Chin

Art Unit

3625

Examiner Name

Robert M. Pond

Attorney Docket Number

021756-015700US

## ENCLOSURES (Check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form, in dup.<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> After Allowance Communication to TC   |
| <input checked="" type="checkbox"/> Amendment/Reply (13 pp)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> Extension of Time Request, in dup.<br><input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Information Disclosure Statement, SUPPLEMENTAL, (3 sheets)t   | <input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53      |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Brian N. Young

Date

August 25, 2005

Reg. No.

48,602

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Rosario G. Ysip

Date

8/25/05

PTO/STANDARD FEE  
AUG 29 2005

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 730)

### Complete if Known

Application Number 09/483,388  
Filing Date January 13, 2000  
First Named Inventor Xia, Chin  
Examiner Name Robert M. Pond  
Art Unit 3625  
Attorney Docket No. 021756-015700US

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 39 -20 or HP = 7 x Fee (\$) \$50 = Fee Paid (\$) \$350

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 9 -3 or HP = 1 x Fee (\$) \$200 = Fee Paid (\$) \$200

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof x Fee (\$) = Fee Paid (\$)

#### 4. OTHER FEE(S)

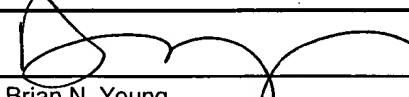
Non-English Specification, \$130 fee (no small entity discount)

Other: INFORMATION DISCLOSURE STATEMENT

Fees Paid (\$)

\$ 180

#### SUBMITTED BY

Signature  Registration No. (Attorney/Agent) 48,602 Telephone 415-576-0200  
Name (Print/Type) Brian N. Young Date August 25, 2005